2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000104287

Entity Name: 12-PLEX, LLC

Current Principal Place of Business:

450 ALTON RD APT 1502 MIAMI BEACH, FL 33139

Current Mailing Address:

450 ALTON RD APT 1502 MIAMI BEACH, FL 33139 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

ADELSON, CHARLES 450 ALTON RD APT 1502 MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Authorized Ferson(s) Detail.				
Title	OWNER	Title	MGRM	
Name	ADELSON, CHARLES JAY DR.	Name	ADELSON, HARVEY JEROME	
Address	450 ALTON RD APT 1502	Address	450 ALTON RD APT 1502	
City-State-Zip:	MIAMI FL 33139	City-State-Zip:	MIAMI BEACH FL 33139	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES JAY ADELSON, DMD

OWNER

04/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date